

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/049894	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
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TOTAL IND.							
TOTAL DEP.		↓	↓	↓	↓		
TOTAL CLAIMS		████	████	████	████	████	████

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